

**TRIP REPORT
FOR AWARDS OF FACULTY DEVELOPMENT FUNDS**

FACULTY NAME _____

(Please check one)

_____ **COLLEGE/SCHOOL** Faculty Development Funds

_____ **MWSU FOUNDATION** Faculty Development Funds

Date of Travel _____

Destination of Travel _____

Event/Purpose of Travel _____

TRIP REPORT. (The report should give a brief synopsis of your activities at the conference or meeting.)

For COLLEGE/SCHOOL DEVELOPMENT FUNDS, please describe how the experiences gained may be translated into classroom activity. (Write on back or attach additional documents if necessary.)

For MWSU FOUNDATION DEVELOPMENT FUNDS, please describe what steps will you take to use the information gained in this travel to increase the use of instructional technology in the classroom and/or improving student retention? (Write on back or attach additional documents if necessary.)

(This form must be completed and attached to the Remittance Voucher)

_____ Faculty Signature

_____ Date